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CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID  
BEHAVIORAL HEALTH  
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference  
January 5, 2023  
Commencing at 2:00 p.m.

Tiffany Felts, CVR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Dr. Sheila Schuster, TAC Chair

Steve Shannon

TJ Litafik

Valerie Mudd

Michael Barry

Eddie Reynolds

Mary Hass

1 MS. SCHUSTER: Okay. And I can't see  
2 everybody. I know we have --

3 MS. BICKERS: I have you, Steve,  
4 Valerie, Michael, and Mary logged in.

5 MS. SCHUSTER: Okay.

6 MS. BICKERS: If I missed anybody,  
7 please let me know; I apologize.

8 MS. SCHUSTER: Yeah. So we've got a  
9 quorum. We're missing Eddie Reynolds and TJ  
10 Litafik.

11 MS. BICKERS: Yes.

12 MS. SCHUSTER: Yeah, okay. Let's  
13 give everyone another 30 seconds, and then  
14 we'll get started. Thank you very much.

15 MS. BICKERS: You're welcome.

16 MS. DRANE: Sheila, this is Abby. I'm  
17 joined by phone; I'm heading back from  
18 another city so --

19 MS. SCHUSTER: Yeah.

20 MS. DRANE: -- I'll listen.

21 MS. SCHUSTER: Okay, great. So  
22 that's Abby Drane from Seven Counties  
23 Services. Glad to have you, Abby; safe  
24 travels. We have about 65 people on.

25 MS. BICKERS: It looks like TJ just

1 joined, as well.

2 MS. SCHUSTER: Oh, good. All right,  
3 thank you. So we have six of our seven  
4 members, and perhaps Eddie Reynolds will be  
5 able to join us. So let's call the meeting  
6 to order. As the pilot says when you're  
7 getting ready to take off, if you're not  
8 headed to the BH TAC meeting, you're on the  
9 wrong plane.

10 So we welcome you all, and wish you a  
11 happy New Year, and we'll hope that 2023 is  
12 a better year healthwise and calamity-wise  
13 than 2022 was, but we have weathered those  
14 storms together. And let's have the voting  
15 members of the TAC introduce themselves.  
16 So, Val?

17 MS. MUDD: I'm Valerie Mudd with NAMI  
18 Lexington, The National Alliance on Mental  
19 Illness and Participation Station, a  
20 peer-run, peer-operated center. I'm  
21 representing the guild members' voice.

22 MS. SCHUSTER: Great, and have been  
23 from the beginning. Thank you, Val. And  
24 Mary Hass.

25 MS. HASS: Okay. Mary Hass, with the

1 Brain Injury Association of America Kentucky  
2 chapter -- a longtime advocate; I'd probably  
3 say around 30 years. So anyway, glad to be  
4 here.

5 MS. SCHUSTER: Glad to have you,  
6 Mary, and your vast experience. Mary and I  
7 have been in the trenches together for a  
8 long, long time, and we appreciate that.  
9 Mike Barry.

10 MR. BARRY: Hi, everybody. Mike  
11 Barry; People Advocating Recovery.

12 MS. SCHUSTER: Great. And Mike has  
13 been with us since the beginning of the TAC.  
14 And TJ Litafik.

15 MR. LITAFIK: Good afternoon. TJ  
16 Litafik, strategic advisor and advocacy  
17 coordinator for NAMI Kentucky.

18 MS. SCHUSTER: Great. And thank you  
19 for joining us, TJ. And Steve Shannon.

20 MR. SHANNON: Steve Shannon with  
21 KARP, Association of 12 Community Mental  
22 Health Centers.

23 MS. SCHUSTER: Wonderful. And I'm  
24 Sheila Schuster, executive director of the  
25 Kentucky Mental Health Coalition and chair

1 of the TAC. So when we call for motions and  
2 votes, that's the voting members, but for  
3 open discussion, we can open it up to anyone  
4 who is on the call with questions or  
5 comments. Or you can put things in the  
6 chat; however you would like to do that.

7 I've been accused of being the  
8 godmother and now the grandmother of all  
9 coalitions, which is probably true, but we  
10 like to invite everyone in the behavioral  
11 health community to be a part of this, so  
12 thank you for your attendance.

13 I just sent out the minutes, and I'm  
14 sorry they were quite lengthy. I got kind  
15 of wordy with them, but if I could have a  
16 motion from one of the voting members to  
17 approve the minutes, please?

18 MS. HASS: Mary Hass, I so move.

19 MS. SCHUSTER: Thank you, Mary.

20 MS. SHEETS: I'm sorry, this is  
21 Kelli, and for voting purposes, all members  
22 have to have their cameras turned on.

23 MS. SCHUSTER: Right. All of the  
24 members -- all of the voting members of the  
25 TAC need to have their cameras turned on.

1 Yes, thank you, Kelli. And I should  
2 introduce -- Kelli, you want to introduce  
3 yourself, please?

4 MS. SHEETS: Sure.

5 MS. SCHUSTER: As our helper.

6 MS. SHEETS: Yeah. My name is Kelli  
7 Sheets, and I have just moved into the role  
8 of federal program specialist in the  
9 commissioner's office for DMS. I have been  
10 assigned to kind of help Erin. As you all  
11 probably know, she'll be going on maternity  
12 leave soon, so I will be taking over at that  
13 point. So it's very nice to meet all of you  
14 and to work with all of you.

15 MS. SCHUSTER: Thank you, Kelli. And  
16 it's been great to have you as a backup with  
17 Erin and to get to know you through e-mail  
18 and so forth. So we appreciate you being  
19 with us.

20 MS. SHEETS: Thank you very much.

21 MS. SCHUSTER: So Mary Hass made the  
22 motion to approve the minutes; do we have a  
23 second?

24 MS. MUDD: I'll second. Valerie.

25 MS. SCHUSTER: Valerie seconds. Any

1 additions, omissions, corrections in the  
2 minutes?

3 (No response.)

4 MS. SCHUSTER: If not, all of those  
5 in favor of approval signify by saying aye.

6 (Aye.)

7 MS. SCHUSTER: And opposed,  
8 like-sign.

9 (No response.)

10 MS. SCHUSTER: And abstentions?

11 (No response.)

12 MS. SCHUSTER: All right, the minutes  
13 are approved. I don't know if Claire Arant  
14 is on or if any of the KHA people are on.  
15 We've had this as an ongoing item, and that  
16 is whether the provider credentialing  
17 through KHA and Verisys -- has the system  
18 gone live; does anybody know?

19 (No response.)

20 MS. SCHUSTER: So I assume that the  
21 MCOs who are participating also don't know  
22 if the system is live.

23 MS. JONES: This is Cathy Jones. I  
24 did see some notes recently that we were  
25 submitting credentialing to Verisys. So



1 I'm assuming, based on that information,  
2 that it is live. I can follow up for sure.  
3 And this is Cat with Aetna.

4 MS. SCHUSTER: Oh, okay. Thank you,  
5 Cat. Yeah, I would appreciate it, and I'll  
6 get with Claire Arant later, too -- with KHA  
7 because we've been waiting for this provider  
8 credentialing. And I think they presented  
9 at our September meeting, and everybody was  
10 quite excited about it. And then it was  
11 going to be live, maybe in November, and  
12 then at the November meeting, it wasn't  
13 quite live. So hopefully, that is happening  
14 soon. So thank you, Cat. I appreciate  
15 that.

16 The next item is something that we  
17 have been working on and have had on here  
18 off-and-on for the past -- what, Steve, year  
19 and a half probably?

20 MR. SHANNON: Yes.

21 MS. SCHUSTER: To do a study of the  
22 Medicaid data with regard to the impact of  
23 targeted case management. And I think I  
24 announced at the last TAC meeting in  
25 November that we had two sets of data. Now

1 we have the set that Medicaid staff pulled  
2 for us on various variables, and then we  
3 have kind of a finer-grained and more  
4 expansive analysis that was done by the data  
5 analytics people over at UK.

6 I'm going to table this until our  
7 March meeting because we've been waiting for  
8 Commissioner Lee to be briefed by the UK  
9 people. This was her initiative if you  
10 remember. There was some dispute about  
11 whether targeted case management was helpful  
12 or not, and she said, let's get the data and  
13 find out.

14 I will tell you that the preliminary  
15 results -- actually the results we have from  
16 both of these studies indicate that it is  
17 impactful in a very positive way for our  
18 people with severe mental illness, but I'd  
19 like to be able to really have a good  
20 presentation for you of that data. And I  
21 don't want to do it without the commissioner  
22 having been briefed about the data, so we  
23 will hold that over to our March meeting.  
24 And I apologize for the delay, but we want  
25 to be sure that we get this right, and since

1           it was the commissioner who initially set  
2           out the study and gave us permission to work  
3           with her data people, we want to be sure  
4           that she's a part of that discussion.

5                     Mary, I think this next issue is  
6           yours. You had wanted to put this on the  
7           agenda for this meeting, and that has to do  
8           with the loss of access to therapy services  
9           for individuals served by the ABI waiver.  
10          And you might give a little background for  
11          people who might not know that there  
12          actually are two ABI waivers --

13                    MS. HASS: Okay.

14                    MS. SCHUSTER: -- short-term and  
15          long-term, but take it away, please.

16                    MS. HASS: Okay. The first waiver is  
17          actually referred to as the acute waiver,  
18          and it was initially intended to give people  
19          as soon as they were out of the Frazier's  
20          and the Cardinal Hill rehab centers, and  
21          really was targeted to get them up and about  
22          and because a lot of times insurance  
23          companies are only paying for 12 to 22 days  
24          of therapy, so this was a way to continue  
25          them in getting them back onto the road.

1           And then later on, we found that a  
2           lot of our folks were going to need  
3           continuing care for probably the rest of  
4           their lives just due to the deficits and  
5           severity of the brain injury, and that's  
6           referred to as the ABI long-term care  
7           waiver.

8           And there had always been therapies  
9           in the waivers, and for people who don't  
10          know, this is how our folks get better -- is  
11          the speech therapy, the intense occupational  
12          therapy, and physical therapy, depending on  
13          how severe the injury was. Not all people  
14          require physical therapy, but all do for  
15          cognitive rehab would need the speech and  
16          the OT.

17          There were discussions, and we worked  
18          very, very hard trying to show Medicaid that  
19          these therapies were needed, and so they  
20          have put them in the extended state plan.  
21          We did have a meeting with representative --  
22          excuse me, I'm getting my representatives  
23          and commissioners -- with Commissioner Lee.  
24          I think it's still to be determined how  
25          people are going to access these therapies

1 after -- it's not -- I don't -- Leslie's on.

2 I know, Leslie, I don't think it's taken  
3 place yet. I don't think it actually has  
4 come to where they are actually losing the  
5 therapies as they had been. So it's still  
6 to be determined.

7 I've had quite a few families calling  
8 me because they are concerned because they  
9 are currently getting their therapies  
10 through their ABI provider. And if an ABI  
11 provider chooses to get a Medicaid number,  
12 which a lot of them are having -- or what  
13 they're telling me, I want to be politically  
14 correct here. What they're telling me has  
15 been somewhat cumbersome.

16 So anyway, I think it's still to be  
17 determined. I know families are on edge  
18 because if they have to start going to the  
19 different -- and this is not to pull anybody  
20 out -- but the court, the pro-rehabs, and  
21 that's just an example, it's not to be  
22 naming them, but I'm hearing from a lot of  
23 them that they really don't intend to pick  
24 up the ABI clients.

25 So it's caused me a lot of concern.

1           It's not come to fruition yet. I guess  
2           Leslie can let us know where we are in the  
3           process, but yes, I've had a lot of  
4           families, and many of these smaller ABI  
5           providers are really kind of sitting on pins  
6           and needles.

7                        So anyway, it's still to be  
8           determined, and I think a lot of them are  
9           concerned because we're losing a lot of our  
10          really experienced OTs and speech therapists  
11          because they're going elsewhere because the  
12          delivery system's going to be different.

13                       So I think that kind of gives an  
14          overview, and I welcome anybody -- any  
15          questions or anything. Sheila, that's kind  
16          of an overview of what's happening right  
17          now.

18                       MS. SCHUSTER: And the exact cause,  
19          Mary, of this change is in the restructuring  
20          of the ABI waivers themselves?

21                       MS. HASS: I don't understand where  
22          they will save money. That's what I'm  
23          hearing; it was to be cost savings. I  
24          actually, again, these are my opinions. My  
25          opinion is I think there were concerns in

1 Medicaid that people were over-utilizing  
2 services and some of the providers were  
3 taking advantage, and I think this is kind  
4 of where it came from. Again, I could be  
5 wrong on that, but from my history, it was  
6 looked at because I know there was a meeting  
7 presented to Health and Welfare where there  
8 was a slide that presented how much  
9 therapies were being consumed by ABI waiver  
10 clients.

11 And again, cognitive rehab is how our  
12 folks get better. And so, you know, I think  
13 that was -- to me -- and Navigant, I think  
14 that was one of the reasons why they did  
15 feel it would be a cost savings.

16 MS. HOFFMANN: And this is Leslie.  
17 I'll let Pam -- I'm going to defer it to Pam  
18 because we have had conversations, and of  
19 course, Mary, you know we worked on this  
20 originally back in 2014 or '15 based on CMS  
21 guidance. So, Pam, I'll let you speak if  
22 that's okay.

23 MS. SMITH: Yeah. Thanks, Leslie.  
24 So just to clarify and to kind of go back,  
25 they're removing of the therapies didn't

1 have anything to do with the waiver  
2 redesign -- the Navigant study. It was  
3 directed by CMS. Because at the point in  
4 time that the waivers were created, we did  
5 not have -- the independent therapies were  
6 not in the state plan. They now are in the  
7 state plan. All of the other waivers have  
8 moved the services very successfully from  
9 the waiver to the state plan. There is a  
10 less than 1 percent denial rate, but this  
11 was a direction from CMS that we could lose  
12 funding if we continue to provide services  
13 through a waiver that are through -- offered  
14 through the state plan.

15 What we are able to do is we can  
16 cover them as extended state plan services.  
17 So if the individual would continue to need  
18 the therapies to remain out of an  
19 institution, and they are no longer -- can  
20 no longer be covered through the state plan,  
21 then they can come back to the waiver and  
22 can receive the therapy through the waiver.

23 We have -- there are over 75 percent  
24 of the current ABI therapy providers that  
25 are already enrolled in state plan. Some of



1           them are providing state plan services to  
2           individuals that are on SCL, for example.

3           I know there's a question about  
4           disparity in the rates between the waiver  
5           and between the state plan, but there is  
6           also a very different billing mechanism. So  
7           in state plan, it is billed based on the  
8           modality that is being done. So a provider  
9           may bill three to four different codes in a  
10          single therapy visit, whereas in the  
11          waivers, it's a 15-minute unit, and it's a  
12          generic code that's used. So you can't  
13          really look at reimbursement comparing  
14          apples to apples because the billing is so  
15          different in how it's provided.

16          As of right now, the ABI acute waiver  
17          -- we have the application back. It is in a  
18          request for additional information status,  
19          so it still has to go back to CMS for  
20          review. We're planning on having that  
21          resubmitted by the end of this month, but it  
22          still will be at least an additional 90 days  
23          before we receive anything back from CMS.  
24          And as I told the providers -- and we've met  
25          with several independent providers, as well

1 as had webinars -- it will not be a cutover  
2 -- like, okay, the waivers are approved, you  
3 have to start this tomorrow. We're going to  
4 give -- there's going to be training that's  
5 going to be had with all the providers on  
6 the billing. And then there will be a  
7 transition period of likely -- probably 60  
8 to 90 days to transition individuals from  
9 waiver to the state plan.

10 Now, any individual coming in new  
11 once the waivers are approved, then it would  
12 be expected that they go to state plan  
13 first. And the individuals that are in ABI  
14 acute actually already have to get physical  
15 therapy through state plan because it's not  
16 offered in the acute waiver.

17 Now, the long-term care waiver, we  
18 are working on the final two updates to the  
19 financial pieces of that, and then that will  
20 go to CMS. But again, we're looking at --  
21 I'm sorry -- at least another 120 days -- 90  
22 to 120 days before we have a decision on  
23 that.

24 So there's been no change in the  
25 individuals' access to the therapies.

1           Outside of a meeting that was had, probably  
2           three months or even longer, with a couple  
3           providers and a couple parents, I'm not  
4           hearing any more questions. So Mary,  
5           please, if you have people reaching out to  
6           you, we need them to either through you to  
7           come to us, or we need them to call our  
8           waiver help desk or to reach out to the ABI  
9           team so that we can provide them information  
10          and allay some of their concerns and their  
11          questions.

12                   MS. HASS: Pam, I think you have  
13           gotten two or three calls from family  
14           members that I directed to -- I think right  
15           now, it's just kind of a wait. I know when  
16           I've had two families up there I think at  
17           the meeting you're referring to.

18                   I think, you know, it's the process,  
19           and I hear that. And I think it might be  
20           helpful -- because I didn't realize you had  
21           had another meeting -- I think it would be  
22           helpful to make the TAC aware of these  
23           things. And, you know, just -- I think we  
24           all want this to be as seamless as possible.

25           I just think --

1 MS. SMITH: And I --

2 MS. HASS: -- there is a lot of --  
3 I'm trying to choose my words here -- I  
4 think there's just a lot of anxiety because  
5 people have been getting services, and as I  
6 stated, you know, one of the things you and  
7 I have talked about is cognitive rehab. And  
8 when you do cognitive rehab, it's the whole  
9 bucket: it's the occupational therapy, it's  
10 the physical therapy, it's the speech  
11 therapy all rolled together. And I think,  
12 you know, that's how our folks get better.  
13 And I'm just looking at how we will be able  
14 to guarantee that everyone within the  
15 disciplinary team are talking back and  
16 forth, and the speech therapist is talking  
17 to the case manager, and all the other  
18 entities that are involved. Behavioral: A  
19 lot of our folks, you know, are seeing  
20 behavioral specialists, and so it's a whole  
21 team approach.

22 And that's what, I guess, I'm  
23 somewhat concerned about is that continuity,  
24 that real interdisciplinary team approach  
25 may be lost. And again, like I said, I

1           guess we'll just see.

2                       I know you and I had talked about in  
3           that one meeting, you know, about having a  
4           plan of how this will work, and I think that  
5           might help some of the anxiety of how do you  
6           go from A, B, C, and then whatever. And if  
7           there are issues, how is that going to be  
8           addressed? So --

9                       MS. SMITH: And as I mentioned, that  
10          will be included in the training that's done  
11          when we know closer to the date and have the  
12          transition plan. I don't -- we did send out  
13          a communication to the participants and  
14          their representatives, as well as -- there  
15          was a different one that went out to  
16          providers trying to allay some of the  
17          anxiety because there was a lot of incorrect  
18          information being shared. I really want to  
19          try to avoid that because that unnecessarily  
20          creates chaos and creates concern for the  
21          participants.

22                      But we absolutely -- when we know a  
23          more definitive timeline from CMS -- as I  
24          mentioned, we'll have that transition  
25          period. There'll be a lot of education,

1           both provider -- we'll have webinars where  
2           people can come in basically just to ask  
3           questions like we've done with other big  
4           changes. It's just not the time to do that  
5           yet because nothing else has changed from  
6           the last time that we sent out that  
7           information. I mean, until we hear back  
8           from CMS and know actual dates --

9                   MS. HASS: Could you send me a copy  
10           of that communication? I did not receive  
11           that, so if you could send me the  
12           communication that you said went out to  
13           family members, that would be helpful.

14                   MS. SMITH: Yeah, I'll have Kelli  
15           pull that.

16                   MS. HASS: That would be helpful.  
17           Thank you.

18                   MS. SMITH: And, you know, I think it  
19           went out on our large waiver distribution  
20           list, too. So if you want to -- or through  
21           the ABI list if you want to make sure that  
22           you are on those, as well. But I can have  
23           Kelli -- I'll have Kelli check our waiver  
24           state code or distribution list, and if  
25           you're not on there, Mary, I'll have you

1 added, and then we'll get a copy of those  
2 letters sent to you.

3 MS. HASS: Yeah. I think one of the  
4 issues, and I know we're all developing, but  
5 a lot of our families -- and you know the  
6 two that I brought up with me that one day  
7 -- some of these family members, the mom is,  
8 you know, 65, 80 years old, and they just --  
9 and they call me because they just really  
10 are not computer literate to be able to  
11 navigate some of this stuff. And then, when  
12 they get a letter, they just throw it in a  
13 heap. So if you can keep me as educated as  
14 possible, I will try to communicate that to  
15 some of our families who really don't have  
16 access to computers or who are not feeling  
17 comfortable using that format, so --

18 MS. SMITH: And remember, the waiver  
19 help desk has a 800 number that is -- and I  
20 can make sure you have that -- that is  
21 manned by staff that can answer all of those  
22 questions, as well, and can guide them  
23 through that. And we have, you know, in  
24 particular, individuals within the ABI  
25 branch that also can call individuals back

1 and can answer their questions and walk  
2 through them.

3 I think the most important -- and I  
4 appreciate everything you do, Mary, and your  
5 advocacy and, you know, the people that you  
6 do help walk-through when there are --  
7 because it's a difficult process to  
8 navigate. But as much as we can do just to  
9 make sure that we're all on the same page,  
10 and that the message that's being  
11 communicated is clear and is across the  
12 board, that the same people are  
13 communicating the same message. I think  
14 that will help us.

15 MS. HASS: And that's why I asked for  
16 those communications, to be sure that I'm  
17 getting -- -- because that way then I can  
18 download it, and then if I have to, I'll get  
19 it to the families, whichever method is  
20 easiest for them. So that'd be -- and Karen  
21 Massey -- just to give a shout-out. I know  
22 there have been two issues that she's helped  
23 me through here just recently, so I do thank  
24 her for that. There were two big issues  
25 that she helped work through.



1 MS. SCHUSTER: So as we all -- let me  
2 put my psychology hat on here for a  
3 minute -- in the face of change, there is  
4 always anxiety. And, Pam, I think you hit  
5 the nail on the head, and Mary, as well,  
6 that the more communication that we can have  
7 with the people that are going to be  
8 directly affected -- and with their  
9 caregivers because, in this case, as with  
10 our folks with SMI and some of our IDD  
11 folks, it's really the family members and  
12 the caregivers who have to be the eyes and  
13 ears for the people.

14 So communication -- if the TAC can in  
15 any way be helpful -- the brain injury  
16 people have been a part of this TAC from its  
17 onset. We actually have two associations  
18 represented, the alliance and the  
19 association. So we're buried because  
20 there's so much overlap, as you know, in  
21 behavioral health with people with acquired  
22 brain injuries and those who have behavioral  
23 issues for other reasons.

24 So if there's anything that the TAC  
25 can do, I can leave this on for March just

1 to see what the update has been. I guess I  
2 wouldn't -- I have one question, Pam. And  
3 that is, do the provide -- the current  
4 therapy providers, what's their process to  
5 move from being a waiver provider to a state  
6 plan provider; is that a credentialing  
7 issue?

8 MS. SMITH: It's -- they go through  
9 -- yeah, so we have a couple staff that are  
10 in provider enrollment that have been very  
11 gracious to walk a lot of the providers  
12 through -- I know there's been a couple ABI  
13 agencies that enrolled as providers; those  
14 are the most recent ones I know, but it's --  
15 you're just enrolling as another provider  
16 type.

17 MS. SCHUSTER: Okay. And so you've  
18 had communications, I assume, with the  
19 providers --

20 MS. SMITH: Yes.

21 MS. SCHUSTER: -- because one of the  
22 concerns, and I know this from my former  
23 role as a therapist, that people get very  
24 dependent on -- I mean, there's a working  
25 relationship --

1 MS. SMITH: Right.

2 MS. SCHUSTER: -- with a particular  
3 therapist, particularly as it develops, you  
4 know, from the time of the most acute injury  
5 or illness that's caused the brain injury or  
6 the breakdown in mental functioning. And  
7 any change in that, again, causes a lot of  
8 anxiety, both for the provider and for the  
9 patient and the family.

10 So -- and then, is there a question  
11 about the rates? It sounds like it's hard  
12 to compare --

13 MS. SMITH: It's -- there's a --

14 MS. SCHUSTER: -- apples and oranges,  
15 in terms of the rates?

16 MS. SMITH: I think there's a  
17 misunderstanding of how to bill. And so  
18 because today in the waivers -- so, for  
19 example, for occupational therapy,  
20 everything is billed with the code 97530,  
21 and one unit equals 15 minutes. When you  
22 look at the therapy fee schedule, it's  
23 actually broken down by the different  
24 modalities. So each modality has a  
25 different code. And so one maybe -- for the

1 visit, one, maybe it's 30 minutes. So  
2 there's differences in how you bill, but  
3 that is part of the training that we will do  
4 to help the providers understand.

5 And as I mentioned, it was very  
6 effective when we transitioned SCL and HCV.  
7 It was -- it worked very well. And we had  
8 additional people, you know, that were to  
9 there to support them. And no, we didn't --  
10 it wasn't just kind of a flip of the switch  
11 -- okay, here you go. We were very -- we  
12 even -- for authorizations that were already  
13 in place, there was a period of time where  
14 those were extended and given through the  
15 state plan to give them time to get new  
16 orders. I mean, it was a very provider and  
17 member-focused process.

18 And so, you know, we want there to be  
19 as little disruption as possible for these  
20 individuals. And, I think I had mentioned,  
21 there's about 75 percent of the providers  
22 that provide therapy in ABI that either were  
23 already enrolled and providing some state  
24 plan services along with the therapy through  
25 ABI, or that have enrolled since this

1 initially was discussed.

2 MS. HASS: Pam, when you say  
3 75 percent of the providers, now, is that  
4 taking one entity provider who serves quite  
5 a few of our clients? Because most of the  
6 questions are coming from more of the  
7 smaller mom and pops and some individual  
8 therapists who had been contracting with  
9 them, and I think that's where some of the  
10 most concerns have been. So I think, you  
11 know, that would be an issue.

12 And like I said, I'm not just saying  
13 we're losing many of our skilled providers  
14 of the OT and speech; that's a fact. And  
15 that's when families -- and I think Sheila  
16 hit the nail on the head -- when someone has  
17 worked with somebody five or six years,  
18 they're accustomed, they know what these  
19 folks quiriness -- and I say that lovingly  
20 -- but they know how to set them up. And so  
21 that's been the fear.

22 So anything that you can help ease  
23 those fears, I think that would be good.  
24 Because again, the way that you set up an  
25 individual with a brain injury to provide

1 the OT and speech is much different, even  
2 with your SCL folks, you know, you're more  
3 --

4 MS. SMITH: Well, they each have  
5 their own unique --

6 MS. HASS: Yes.

7 MS. SMITH: -- you're going to set  
8 them up differently.

9 MS. HASS: Yes.

10 MS. SMITH: You're going to treat  
11 somebody that has another type of injury  
12 differently. So, I mean, everybody has  
13 their own unique methods that are going to  
14 have to be followed, but --

15 MS. HASS: Yeah. And since ours is a  
16 smaller population as far as being served, I  
17 think that's where, you know, with the SCL,  
18 they're a lot more individuals in those  
19 waivers than with the ABI, and they're just  
20 not as accustomed to working with our folks.

21 So that's why I'm just very nervous about  
22 losing some of our very skilled therapists  
23 that we have. So anything that you can help  
24 make the process better will be much  
25 appreciated.

1 MS. SMITH: And if you can help the  
2 providers to know when they communicate to  
3 the individuals that it doesn't help when  
4 they tell them, "I'm sorry, I'm not going to  
5 serve you after I have to go to state plan.  
6 Even though I'm already enrolled as a state  
7 plan provider, it's not lucrative for me."

8 That's just not -- I mean, it may be  
9 their reality. I mean, I get it, people  
10 have to have money to do their business, but  
11 it doesn't help an individual that's already  
12 worried about what's gonna happen to them.  
13 And it doesn't feel really good either to  
14 say, I don't want to help you anymore  
15 because it's not gonna pay me enough money,  
16 so.

17 MS. HASS: I mean, I've not heard  
18 that. If that's what you're hearing, that's  
19 not -- mostly I hear it on the other side --  
20 therapists are very concerned that they will  
21 have to not to do this. And you're right,  
22 if they're not being able to be paid what  
23 they consider an equitable pay, they are  
24 leaving because of that reason. But if  
25 anyone's been told that, that has not come

1 back to me, and you know I'm an advocate.

2 MS. SMITH: Unfortunately, I was --

3 MS. HASS: That would cause me great  
4 concern.

5 MS. SMITH: I was on the phone and  
6 heard it directly out of the speech  
7 therapist's mouth to the participant and  
8 their family, so --

9 MS. HASS: Well, that's -- yeah.

10 MS. SMITH: -- it was very  
11 unfortunate. So I have been really trying  
12 to be very intentional about the  
13 communication. I don't want to -- we've  
14 been quiet for a little bit because nothing  
15 has changed. And maybe that's been the  
16 wrong decision because maybe that's caused  
17 more anxiety because people aren't hearing  
18 anything. So I can talk to Kelli, and maybe  
19 we can just get an update out to individuals  
20 that say -- you know, that lets them know  
21 that --

22 MS. HASS: I think that would be --

23 MS. SMITH: -- this is the updated  
24 timeline.

25 MS. HASS: Yeah. I think that'd be



1 helpful.

2 MS. SMITH: Yeah.

3 MS. HASS: Because I've had people  
4 over Christmas call me and say what's  
5 happening. So, yeah. I think maybe some  
6 type -- and I think, you know,  
7 communication's the key, you know? Just  
8 keeping people comprised of where the  
9 process is, and just, you know, hopefully, I  
10 can be part of that process of how we're  
11 going to transition, I think, would be very,  
12 very helpful.

13 MS. SCHUSTER: Yeah. I think so,  
14 too. One final question, Pam, to you:  
15 There is a Therapy TAC -- TAC of OT, PT, and  
16 speech. And I wonder if you all have been  
17 in touch directly with that TAC? Their  
18 chair has changed, and I don't know the new  
19 person. It used to be Beth --

20 MS. SMITH: It used to be Beth Ennis,  
21 right?

22 MS. SCHUSTER: Beth Ennis. And the  
23 chair is different, but Kelli Sheets and  
24 Erin Bickers can tell you who the chair of  
25 the TAC is.

1 MS. SMITH: Yeah, that --

2 MS. SCHUSTER: It seems to me that  
3 communication from you all directly to that  
4 TAC would be extremely helpful.

5 MS. SMITH: Yeah, they -- I was --

6 MS. SCHUSTER: Because that's their  
7 place to gather information.

8 MS. SMITH: I think they have a -- I  
9 think their meeting is coming up, and so I  
10 will be on -- I will be starting to join  
11 their meetings as I can. And I think  
12 there's one -- unless I'm confused --

13 MS. SHEETS: Their meeting -- sorry,  
14 Pam. Their meeting is next week --

15 MS. SMITH: Next week, okay.

16 MS. SHEETS: -- and their new chair  
17 is Dale Lynn.

18 MS. SMITH: Okay.

19 MS. HASS: This is Mary Hass. Do  
20 they meet by Zoom, or how do they meet?

21 MS. BICKERS: Yes, ma'am. They're  
22 also by Zoom.

23 MS. SCHUSTER: Yeah. And Karen Lentz  
24 has put on here Dale Lynn is the OT who's in  
25 charge, L-Y-N-N -- D-A-L-E L-Y-N-N. Thank

1           you, Karen. If you have an e-mail for him,  
2           that would be great.

3                   I just would recommend communicating  
4           with them whatever you're sending out,  
5           particularly to providers, because they get  
6           the word out -- those associations -- the  
7           speech and hearing, the OT, and the PT  
8           associations all have representatives on  
9           that Therapy TAC.

10                   MS. BICKERS: Mary, if you want to  
11           shoot me an e-mail, I can send you a link to  
12           where you can access all the Zoom links for  
13           the Therapy TACs if you'd like.

14                   MS. SCHUSTER: Yeah. That would be  
15           great. So, Mary, thank you so much for  
16           bringing up this issue. As I said, the ABI  
17           folks are very much a part of the behavioral  
18           health community, and we are always  
19           concerned about their access to services.  
20           And, Pam, I very much appreciate you being  
21           on and, you know, getting Mary more into the  
22           loop of the communications. And again, if  
23           this TAC can be of help to you, we're happy  
24           to do that. And we will keep this on so in  
25           March, we can get an update.

1 MR. SHANNON: Sheila, this is Steve  
2 Shannon.

3 MS. SCHUSTER: Yeah.

4 MR. SHANNON: I just want to echo  
5 what Mary said. I've heard similar things  
6 from consumers, as well, and families around  
7 this issue. They're greatly concerned.  
8 And, you know, it's unfortunate what the  
9 speech therapist said, but if that's the  
10 truth, Pam, I mean, what should have the  
11 speech therapist said? If it's not  
12 financially viable, I think we've got to at  
13 least acknowledge --

14 MS. SMITH: Well, yeah. I think it  
15 was the communication -- it was how it was  
16 communicated, the words versus -- because I  
17 get it. I get it. This person also believed  
18 that they were only going to continue to  
19 bill that one particular code, but, you  
20 know, to me, saying that to a member just is  
21 not -- especially an individual with a brain  
22 injury -- you're not lucrative -- you know,  
23 it's not lucrative for me -- I don't know.  
24 I just had a little bit of -- the phrasing  
25 and just how it was done, I guess, just

1           bothered me a little bit, Steve.

2                   I get it. You're right; I mean,  
3           there's a cost to do business, and, you  
4           know, you have to be able to sustain your  
5           business. You're not -- we don't want --  
6           expect people to be providing services for  
7           free. I think -- I just -- the way that it  
8           happened, I guess, is what really bothered  
9           me. Because I think it made that waiver  
10          participate feel like they were of less  
11          value.

12                   MS. SCHUSTER: I guess, I'm curious  
13          -- it sounds to me like one would not know  
14          at this point --

15                   MS. SMITH: That was the other point,  
16          too.

17                   MS. SCHUSTER: -- whether this system  
18          is going to be lucrative or not -- I mean,  
19          is going to pay the same or not, from the  
20          way you're describing it.

21                   MS. SMITH: That's the other thing,  
22          too. Right, because there's not -- and in  
23          particular, this therapist did not  
24          understand how she was going to bill. She  
25          just made the assumption she could only bill

1           that one code, and I think it's a 30-minute  
2           -- I think it may be limited to 30 minutes  
3           or maybe, I don't know. That code is just  
4           per visit. But that wouldn't be the only --  
5           that's just that one modality. So I think  
6           there's not a -- I think people are looking  
7           at the two rate -- or the fee schedule for  
8           therapies and then, what they're billing  
9           through the waiver, and trying to make it a  
10          one-to-one comparison, or apples to apples  
11          comparison. And the way you bill is  
12          completely different, so you just can't do  
13          that.

14                 MS. SCHUSTER: And that's where your  
15          communication --

16                 MS. HASS: If you could share that  
17          with me, that would be great, also.

18                 MS. SCHUSTER: Yeah. I was going to  
19          say, your communication then, in terms of  
20          what will be included in the training and  
21          the differences between the two, would be  
22          helpful, so thank you.

23                 Thank you, both, for your input on  
24          this, and let's keep an eye on it and hope  
25          that we can allay the anxieties, so it

1 doesn't worsen the situation and that we can  
2 hold on to the really excellent therapists  
3 that we have out there. So thank you very  
4 much, Mary, for bringing it up. And thanks  
5 to Cat Jones with Aetna Better Health.  
6 She's confirming that Verysis is live for  
7 the credentialing with KHA and that Aetna is  
8 utilizing it, so that's really good news,  
9 and appreciate that update, Cat.

10 So we talked -- Justin Dearing from  
11 DMS is preparing a patient no-show data  
12 grid, and I have not heard from Justin  
13 whether that's up yet. Leslie or anybody  
14 else from DMS, do we know that? Do we know  
15 the status?

16 MR. DEARINGER: Yes, ma'am. Ms.  
17 Schuster, how are you? It's good to see you  
18 again.

19 MS. SCHUSTER: Hi.

20 MR. DEARINGER: Members of the TAC,  
21 we are -- that is in progress. We are  
22 working on that. We were hoping we'd  
23 probably have that by this meeting; however,  
24 it's not quite complete yet.

25 The programmers -- we've had a couple

1 of different communication meetings and  
2 design meetings designing the dashboard. I  
3 think it's going to be something that's  
4 going to be very useful to everyone,  
5 specifically for your purposes of being able  
6 to view which providers are, you know,  
7 reporting no-shows, and which types of  
8 providers are having no-shows and what the  
9 reasoning is behind a lot of that no-show  
10 information. That dashboard is being  
11 created; it's going to be accessible all of  
12 the time through a webpage through a link.

13 And so that is currently being  
14 developed by the software designers, and  
15 hopefully, by the next TAC meeting, we'll  
16 have that up and going, and we can give a  
17 little demo of that and show you all how  
18 that works and how to be able to use that in  
19 the future. So it's exciting that we've got  
20 that created, and -- or almost created.  
21 We're working on it, just not quite complete  
22 yet.

23 MS. SCHUSTER: That's wonderful,  
24 Justin. Thank you so much, and let's  
25 tentatively put you on the agenda for March



1 so you can demonstrate it. That would be  
2 great. I think we've wanted to know and  
3 make sure that people are using it in an  
4 appropriate way.

5 For those of you who are not as  
6 familiar with this, it really is a way for  
7 kind of those social determinants of health  
8 to be addressed. So if people are not being  
9 able to keep their appointments because of  
10 transportation issues, because of childcare  
11 issues, because they lost their computer  
12 link, those kinds of things, the MCOs are  
13 trying to reach out. And we know with our  
14 behavioral health members staying on the,  
15 you know, regular therapy and medication  
16 appointments and so forth, it's so critical  
17 to them.

18 We appreciate that very much, Justin.  
19 And appreciate your working on that, and we  
20 will break a bottle of champagne over the  
21 webpage or something.

22 MR. DEARINGER: Absolutely; I'm  
23 looking forward to it.

24 MS. SCHUSTER: When it happens in  
25 March.

1 MR. DEARINGER: Sure.

2 MS. SCHUSTER: You're probably ready  
3 to drink some champagne at that point. So  
4 we appreciate that very much; thank you.

5 And I'm wondering, where we are with  
6 -- again, a repetitive issue on our agenda  
7 -- the claims payments for services to dual  
8 eligibles? We went around at the last  
9 meeting, and I believe that all of the MCOs  
10 now have bypass lists. And there is some  
11 talk about the creation of a uniform bypass  
12 list, so I wonder if there's been any  
13 progress on that.

14 MS. SHEETS: Dr. Schuster, I believe  
15 someone has their hand raised.

16 MS. SCHUSTER: And who is that? I  
17 can't see.

18 MS. EISNER: It's Nina.

19 MS. SCHUSTER: Oh, Nina. Okay.

20 MS. EISNER: Yeah. I found my  
21 reactions buttons, and sometimes they're  
22 easier than typing in the chat.

23 MS. SCHUSTER: Yeah.

24 MS. EISNER: I just have a quick  
25 question for Justin. What kind of response

1 are you getting from providers in terms of  
2 reporting the no-shows? Is it still coming  
3 in, and has it wavered? You know, kind of  
4 how is that all going? Because I think it's  
5 important for us to have information on an  
6 ongoing basis if the data's really going to  
7 tell us anything.

8 MR. DEARINGER: It's definitely --  
9 there's still ongoing participation. I  
10 think it's wavered a little bit, but I think  
11 that this tool to be able to be out there in  
12 public so that people can see that, to be  
13 able to react to it, use it, to know that  
14 people are actually looking at it and trying  
15 to find solutions for it.

16 I think that would be an  
17 encouragement for providers to be able to be  
18 more active in using -- specifically  
19 reporting each instance and maybe being more  
20 vigilant about -- because what you'll find  
21 is you'll see a lot of -- you know --  
22 information from -- providers are going to  
23 come back, and they're going to say, I don't  
24 know, as far as reasoning why the  
25 appointment was missed, or unsure, unknown.

1                   And so I think this will give  
2 providers a little more incentive to maybe  
3 dig down a little deep. So why -- you know  
4 -- why exactly could you not make it? Let  
5 us know so maybe we can help --

6                   MS. EISNER: Right.

7                   MR. DEARINGER: -- with some supports  
8 in the future. So those are the things, you  
9 know, that I think and believe that this  
10 will assist with, so.

11                   MS. EISNER: Good. Could you do me a  
12 favor and send just to Sheila, so she can  
13 get it out to all participants, or however  
14 is best to communicate it. Just a reminder  
15 as to what we're supposed to communicate and  
16 how we're supposed to do that just to make  
17 sure everybody's still got current  
18 information.

19                   MR. DEARINGER: Absolutely, we can do  
20 that.

21                   MS. EISNER: And of course it will be  
22 enhanced, and -- when the report comes out,  
23 so I would greatly appreciate that.

24                   MR. DEARINGER: Yes. No problem.

25                   MS. EISNER: Thank you.

1 MS. SCHUSTER: Yeah. If you could  
2 send that, that's a great idea, Nina.

3 MR. DEARINGER: Sure, absolutely.

4 MS. EISNER: Thanks, Justin. Thanks,  
5 Sheila.

6 MR. DEARINGER: That's a good idea.

7 MS. SCHUSTER: Yeah. Nina, you may  
8 remember, because you were on the MAC at the  
9 time, that the MAC also has expressed -- the  
10 MAC in general has expressed a great  
11 interest in this. And there was discussion  
12 based on a recommendation, I think from this  
13 TAC, about regular reminders to providers to  
14 use that. And I do agree with Justin that  
15 if we make this webpage public that it might  
16 really spark more interest from providers in  
17 entering the data.

18 MS. EISNER: Good. I appreciate  
19 that. I am still on the MAC representing  
20 hospitals. That's why I wanted to make sure  
21 that --

22 MS. SCHUSTER: Oh, okay.

23 MS. EISNER: -- at least hospital  
24 providers are reminded again of what the  
25 responsibility is to the cabinet --

1 MS. SCHUSTER: Yeah, yeah.

2 MS. EISNER: -- in terms of reporting  
3 no-shows. So thank you very much.

4 MS. SCHUSTER: Yeah. Great. All  
5 right, thank you. And now on the dual  
6 eligibles. And I don't know, Leslie, is  
7 Angie Parker on, maybe? I can't remember who  
8 was -- oh, it was Jennifer Dudinskie, I  
9 think, who was doing the dual eligible  
10 issues and the bypass.

11 MS. DUDINSKIE: This is Jennifer.  
12 I'm on, but that wouldn't be me.

13 MS. SCHUSTER: Oh, okay.

14 MS. HOFFMANN: I think I had listed  
15 down that the MCOs were working on something  
16 with Angie Parker's group. Angie, are you  
17 on? Have I misspoken?

18 MS. PARKER: Yes, I am on. And what  
19 Dr. Schuster had mentioned earlier regarding  
20 that the MCOs were all working at getting a  
21 uniform bypass list that they're all using,  
22 that was discussed in an MCO/CEO meeting a  
23 few weeks ago. If any of the MCOs want to  
24 -- I have not seen that final bypass list;  
25 not to say that it's not completed, but if

1           there's anyone from any of the MCOs that  
2           would like to discuss what they know about  
3           that.

4           MS. JONES: Hi, this is Cat with  
5           Aetna. So I talked -- have been talking  
6           with Becky Bolin, our COO who's been  
7           participating in that meeting. And she has  
8           shared with me that they're continuing --  
9           we're all continuing to work towards that  
10          ultimate goal of hopefully aligning on a  
11          uniform commercial bypass. So from what I  
12          understand, the current status is we haven't  
13          gotten there yet, but the discussion and the  
14          work continues to move towards that.

15          MS. SCHUSTER: Well, that certainly  
16          is good news. Cat, you're just full of good  
17          news for us today. Thank you.

18          MR. SHANNON: Sheila, that's what  
19          I've heard from MCOs, as well, on our calls.

20          MS. SCHUSTER: Good.

21          MR. SHANNON: One concern that has  
22          been raised is how will that list be used,  
23          you know? One possibility someone on one  
24          call said that you would -- if it's on the  
25          list, you would have to submit some

1 documentation from the commercial carrier.  
2 Which CMHC represented on that call pointed  
3 out, you know, that's not really a bypass  
4 list if I have to submit documentation, as  
5 well.

6 So just so you know, that's out  
7 there, and that was on a call that we had,  
8 and that was obviously a concern, you know?  
9 That we'd have to somehow have documentation  
10 that the benefit isn't covered. Which has  
11 been the issue going forward all along,  
12 right?

13 MS. SCHUSTER: That makes absolutely  
14 no sense, Steve. I mean --

15 MR. SHANNON: That's what people  
16 said. It's a bypass list. Why have a  
17 bypass list if documentation from a  
18 commercial carrier, you know, has to be made  
19 available, whether it's the plan itself,  
20 something off their website, you know, any  
21 process? And this really goes back to what  
22 Mary Hass raised with the state plan. That  
23 complicates billing, is a real concern. You  
24 know, so --

25 MS. SCHUSTER: Well, we've said so



1 many times --

2 MR. SHANNON: -- that's still out  
3 there for us, as well.

4 MS. SCHUSTER: Yeah. I mean --

5 MR. SHANNON: But we're optimistic --  
6 we're cautiously optimistic that we get to a  
7 place that the list works as it does with  
8 the Medicare bypass list.

9 MS. SCHUSTER: And that it's working  
10 well.

11 MS. TOLLE: I would like to give some  
12 insight.

13 MS. SCHUSTER: Yes. Go ahead.

14 MS. TOLLE: I'm Taylor with Isaiah  
15 House, and we have seen some of the MCOs  
16 provide those (indiscernible) saying they  
17 need the commercial EOBs for those.  
18 Typically we have been able to reach out to  
19 our provider reps and get those reprocessed  
20 and taken care of, so they are, you know,  
21 we, as well as other providers that we know  
22 of, are taking it to their attention, and  
23 they are making those corrections.

24 MR. SHANNON: Yeah. I agree, Taylor.  
25 That's taking place.

1 MS. SCHUSTER: Yeah. And, you know,  
2 I would love nothing better than to be able  
3 to resolve this issue, which has been what,  
4 Steve, a 15 or 20-year issue, I think? You  
5 know, it's worked well on the Medicare side,  
6 so let's keep working on it. And I  
7 appreciate the work of the MCOs.

8 MR. SHANNON: Yeah.

9 MS. SCHUSTER: Let's communicate that  
10 because that's something that they're doing  
11 that really has come as a response, I think  
12 to our continuing questions about that. So  
13 we do appreciate the efforts, and we will be  
14 optimistic. And this may call for several  
15 bottles of champagne. I'm obviously looking  
16 for things to celebrate here, so this would  
17 be fantastic if we can get this one done.

18 Another cause for celebration would  
19 be if CMS has approved our waiver for SUD  
20 services to incarcerated persons. So, yes,  
21 or bottles of sparkling grape juice and fun  
22 nonalcoholic mixes.

23 MS. HOFFMANN: There you go.

24 MS. SCHUSTER: I use champagne,  
25 Marcie, in a -- both an alcoholic sense and

1 nonalcoholic sense. We'll offer choices.  
2 So, Leslie, I hope you have some news and  
3 maybe some good news.

4 MS. HOFFMANN: I have a little bit; I  
5 made some bullet points while I was  
6 listening. So we did turn our Kentucky 1115  
7 demonstration in on time. I think we may  
8 have been a day early, which was good for  
9 us. That also included the SUD 1115  
10 components, which also included the  
11 currently-pending Incarceration Amendment,  
12 hoping that this will all be approved  
13 together. It does have a few pieces of the  
14 old Kentucky health, such as programs  
15 related to foster care that are  
16 out-of-state, and waving of medical  
17 transportation, any EMT for methadone for  
18 SUD.

19 So right now, we have no additional  
20 questions. We've done everything that  
21 they've asked us to do. Most of it was  
22 budget related, and I think I told you  
23 before, it kind of came full circle as to  
24 what we recommended in the beginning, then  
25 they asked us to check a couple other

1 arenas, and then we came back around to what  
2 our original proposal was and just refined  
3 it. And that's what they've accepted so  
4 far.

5 So we have no additional questions on  
6 the Incarceration Amendment, and like I've  
7 told you each time, we have a monthly call  
8 with them, and there are more and more  
9 requests coming in for states, but it tends  
10 to be more for just that 30-day coverage  
11 prior to release for the care coordination  
12 piece. So hopefully, we'll hear something  
13 soon.

14 CMS did add our renaming of the 1115  
15 Kentucky demonstration of team Kentucky.  
16 They did add that extension request for us  
17 to talk about this month on our call, and we  
18 anticipate that DMS will send questions to  
19 us prior to the call. Those usually are  
20 like at the last week of the month. So I'm  
21 hoping to get questions so that we have  
22 those prior to the call.

23 So I don't have anything yet, other  
24 than them, you know, acknowledging that we  
25 sent the information. So -- but I always

1           promise I will let everybody know as soon as  
2           I hear anything. Because it's a very  
3           exciting adventure on all levels, and so  
4           happy to -- even to be able to rename it was  
5           a really good thing for us, so.

6                   MS. SCHUSTER: Leslie, while I have  
7           you, let me ask you a question that I was  
8           going to ask in new business, and that is,  
9           can you give us any kind of update on where  
10          we are with the SMI waiver?

11                   MS. HOFFMANN: Yes. So if you  
12          remember -- and I can come back and talk to  
13          you again about this later -- we had so many  
14          requests from groups, and partners, and  
15          sister agencies, and all these things were  
16          flooding us, that we started making a list  
17          of everything everybody wanted. And so no  
18          stone goes left unturned, right? So I'm  
19          trying to figure out ways to put into the  
20          state plan quicker, or would that go into an  
21          1115 and more likely be approved by CMS, or  
22          should we go in another direction?

23                   So we did talk to CMS about doing a  
24          1915C, Sheila, and they decided that they  
25          weren't in favor of a 1915C, but they would

1 listen to a 1915I. So what we're going to  
2 end up with -- and I think I may have shared  
3 this with Steve -- we're going to end up  
4 with an 1115 with some components in it,  
5 some state plan amendments. And then also,  
6 we are currently working on a 1915I for  
7 those components that were in Senate Joint  
8 Resolution 72.

9 MS. SCHUSTER: Yeah.

10 MS. HOFFMANN: Yeah, so it's all  
11 still positive. I can tell you that we sent  
12 a draft of the 1115. We promised to send  
13 that before Christmas, and I believe I sent  
14 it on the 22nd at 4:00 o'clock.

15 MS. SCHUSTER: Wow.

16 MS. HOFFMANN: So the last day of  
17 work, and I believe that's when I got it  
18 sent. So team was great. I cannot take  
19 credit for -- we just got a great team --  
20 hard-working team and they work until it's  
21 done. So it's just a draft, and they have  
22 acknowledged that they have it, and they're  
23 going to start checking it to see where gaps  
24 are. We literally had things in there that  
25 we said, we need your technical assistance

1 now. So, you know, we told them that we  
2 need some help and they've offered to help  
3 us with guidance on that.

4 So draft has been sent. As soon as I  
5 get some answers back from them, Sheila,  
6 I'll start sharing, if that's okay.

7 MS. SCHUSTER: Yeah, absolutely. So  
8 we're really looking at a combination of  
9 1115 with some state plan amendment  
10 features, and then a 1915I.

11 MS. HOFFMANN: Yes. To waive  
12 anything you have to have that 1115. To  
13 waive a Medicaid requirement you have to  
14 have the 1115. To -- you know -- the waiver  
15 on the 1915C and I sides a little bit  
16 different when you're talking about that, so  
17 people get confused sometimes, but for --  
18 we'll have to have the 1115 to waive some of  
19 the current requirements to allow for  
20 additional services to be provided or  
21 expanded.

22 MS. SCHUSTER: Okay.

23 MS. HOFFMANN: And I can, like I  
24 said, if you allow me to, when I get answers  
25 back from CMS or we have our first meeting I

1           might have a little more information to give  
2           you.

3                         But this is all very exciting, again,  
4           and we're hoping that everything works out.  
5           We are also looking at the SED side, if you  
6           remember. We're looking to do some SED  
7           components. And the SED side we think we  
8           can get most of that done through a state  
9           plan amendment.

10                        MS. SCHUSTER: Yeah, yeah. And for  
11           those of you --

12                        MS. HOFFMANN: Sorry --

13                        MS. SCHUSTER: Go ahead.

14                        MS. HOFFMANN: -- the 1115 does not  
15           include any SED. We think we can do that on  
16           the -- in the state plan amendments.

17                        MS. SCHUSTER: Okay. So for those of  
18           you who may not know about -- joint  
19           resolution 72 was really codifying, in a  
20           sense, a recommendation from the SMI Task  
21           Force, which met all through the summer and  
22           fall of 2021. And the recommendation was  
23           that there would be an SMI waiver that would  
24           provide supported housing and supported  
25           employment, and would also include respite



1 services.

2 And we've had some good discussion  
3 and presentations on this TAC about those  
4 respite services. So people getting  
5 discharged from the hospital, unfortunately,  
6 are getting discharged sometimes in the  
7 street because there's no place for them to  
8 go, and we want to keep that from happening.  
9 So I think I'm going to start just putting  
10 this on as a regular update for the TAC,  
11 Leslie.

12 MS. HOFFMANN: Yes, that's fine. And  
13 I was going to say, we can meet with you  
14 separately, as well --

15 MS. SCHUSTER: Yeah, that would be  
16 great.

17 MS. HOFFMANN: -- Sheila, because of  
18 CMS's guidance with the 1915I, we've  
19 recently had to -- I call it the matrix --  
20 what authority we're putting everything  
21 under, but we've really tried our best to  
22 meet the requests of what everybody wants.  
23 The name might be a little bit different  
24 because that's what CMS calls it, or another  
25 state has gotten it approved under a

1 different name and a different authority.  
2 So we've had to be creative, but yes, we  
3 hear the need, and we are very hopeful that  
4 all this will go through.

5 MS. SCHUSTER: Well, we're just going  
6 to have to have a bunch of celebrations, I  
7 think, so thank you for that. And is Pam  
8 still on?

9 (No response.)

10 MS. SCHUSTER: Pam Smith.

11 MS. HOFFMANN: She may have had to  
12 drop; let me see.

13 MS. SMITH: I'm here. No, I'm here.  
14 I've got to drop in just a second, but --  
15 I'm I haven't dropped yet.

16 MS. HOFFMANN: Okay.

17 MS. SCHUSTER: I did have a question  
18 I wanted to ask you, and that is, can you  
19 give us an updated number on the waiting  
20 list for the 1915 waivers?

21 MS. SMITH: Yeah. Let me see what  
22 the -- let me see what I have. I've got so  
23 many windows, Sheila. Let me find it, and I  
24 can post it in the chat if that's okay.

25 MS. SCHUSTER: That's perfect.

1 MS. SMITH: Because I have too many  
2 things going on on my monitors, so I can't  
3 find it really quickly.

4 MS. SCHUSTER: Yeah.

5 MS. SMITH: So just give me a second.  
6 I'll find it, and I'll post it in the chat.

7 MS. SCHUSTER: Absolutely. That  
8 would be great.

9 MS. SMITH: Okay.

10 MS. SCHUSTER: Thank you very much.  
11 Anybody else have any other questions around  
12 waivers, since we've been talking waiver,  
13 waiver, waivers?

14 (No response.)

15 MS. SCHUSTER: And again, Leslie  
16 explained that a waiver is to waive certain  
17 requirements so that you can focus on a set  
18 population. And in this case, the people  
19 with severe mental illness, and then provide  
20 services that are not typically covered  
21 under Medicaid.

22 So we keep this issue on -- this next  
23 one, No. 9, about the single Medicaid  
24 formulary, and it really is a question about  
25 -- are there any medication issues out

1           there? Because we know how immensely  
2           critical it is for our folks to get the  
3           right medication and the right dosage at the  
4           right time without any delays. So I have  
5           not heard from anybody -- any providers or  
6           family members in some time, but I'd like to  
7           keep it on there just to remind us how  
8           important access to medication is. So does  
9           anyone who's on the call have any concerns  
10          or questions? Because Dr. Ali has been very  
11          good about being on if we have any  
12          questions, and we can certainly get some  
13          answers, so just raise your hand or speak  
14          up.

15                 MS. MUDD: I haven't heard very much  
16          about what's going on with the new TD drugs  
17          that are out there.

18                 MS. SCHUSTER: Okay.

19                 MS. MUDD: Because, you know, they're  
20          so brand-new, and I'm curious to see what  
21          kind of stuff is going on with those if  
22          there's any difficulty getting them. I  
23          haven't heard anything in my community about  
24          people actually taking them, but I'll be  
25          interested to know if there's any trouble

1 getting them, you know, because they're so  
2 brand-new and things. So I'll be interested  
3 to see if anybody starts taking them or, you  
4 know if there's any trouble getting them or  
5 anything like that.

6 MS. SCHUSTER: Val, I can certainly  
7 e-mail Dr. Ali and her deputy and just ask  
8 that question in terms of, you know -- they  
9 are probably not on the PDL yet.

10 MS. MUDD: Yeah.

11 MS. SCHUSTER: Yeah, because they're  
12 so new --

13 MS. MUDD: Yeah.

14 MS. SCHUSTER: -- and so what's the  
15 process for accessing those? And maybe some  
16 of our providers have had some experience  
17 with them, as well.

18 MS. MUDD: Yeah.

19 MS. SCHUSTER: But I'm glad to you  
20 ask that question for you.

21 Okay. Where are we with recurring  
22 issues around numbers and requirements for  
23 the audits? And that's Jennifer. I called  
24 you out on the wrong thing, Jennifer. Let's  
25 see if there are any -- if we can get some

1 feedback from any of our folks about whether  
2 it's better, or worse, or about the same.

3 MR. SHANNON: Sheila, I think you  
4 skipped the prior-auth guidance.

5 MS. SCHUSTER: Oh, I'm sorry. Yeah.  
6 I think that we have not had a new -- any  
7 new issuance of prior-auth guidance since  
8 July. Is that correct? Can somebody from  
9 DMS confirm that?

10 MS. PARKER: This is Angie. There  
11 has not been any changes since.

12 MS. SCHUSTER: Always good news,  
13 Angie. Thank you very much. Thank you,  
14 Steve.

15 So now, let's go to the MCO audit.

16 MS. SHEETS: Dr. Schuster, Jennifer  
17 had to drop for another meeting.

18 MS. SCHUSTER: Okay.

19 MS. SHEETS: She did say that she did  
20 not have any new information.

21 MS. SCHUSTER: Okay. Thank you. And  
22 do we have -- are things kind of status quo,  
23 Steve? You and Kathy Adams are typically  
24 our sources of information, but I see Julie  
25 Paxton, for instance, may have some sense

1 from your comp care, you know, whether it's  
2 a problem or not.

3 MS. ADAMS: This is Kathy, and I  
4 haven't heard much, but I think it's because  
5 of the holidays.

6 MS. SCHUSTER: Okay.

7 MS. ADAMS: So give us another couple  
8 of months and see if we hear any less  
9 griping about the number and frequency of  
10 audits.

11 MS. SCHUSTER: Right. Okay.

12 MR. SHANNON: And I haven't heard,  
13 Sheila -- this is Steve Shannon -- that  
14 they've seen a reduction.

15 MS. SCHUSTER: Okay.

16 MR. SHANNON: I don't know if I would  
17 hear that, and I think someone would report  
18 that.

19 MS. SCHUSTER: Yeah. Well, and we  
20 want to be sure that the providers are  
21 having enough time to reply to them.

22 MR. SHANNON: Right.

23 MS. SCHUSTER: I think Jennifer made  
24 it very clear at the last meeting when we  
25 talked about it that they all should have a

1 30-day window, and if something's shorter  
2 than that, the provider has every right to  
3 say, you gotta give me 30 days to respond  
4 kind of thing. So let's remind people about  
5 that, as well.

6 So we will keep that on for an  
7 updated report in March. That's why our  
8 agenda keeps getting longer, and nothing  
9 gets moved off of it. So I'm hoping that we  
10 can move a couple of these things off.

11 I put the 2023 session on just to  
12 remind you all that the legislators are back  
13 in Frankfurt, and it will be interesting to  
14 see what there is that will come up around  
15 behavioral health issues. Generally, you  
16 know, the budget is kind of open, even  
17 though this isn't a budget session.

18 So there was some talk about opening  
19 up the budget for additional help to eastern  
20 Kentucky, particularly around housing.  
21 Which was not really addressed in the  
22 special session, and we know that there are  
23 any number of people and families still  
24 being housed at -- maybe some still at state  
25 parks, but a number in very temporary



1 camping tent kinds of things. Or, you know,  
2 small Arby's and that kind of thing.

3 So just a reminder, if you're  
4 interested in advocacy that they will go  
5 home probably after Friday's session, and  
6 then they're home for a month. So if you  
7 have issues that you're working on on behalf  
8 of your organization or for yourself, that's  
9 a super good time to be in touch with them  
10 because they're home from January 6th to  
11 February 7th.

12 MR. SHANNON: Yeah.

13 MS. SCHUSTER: So they are literally  
14 home for month. You know now that they've  
15 all been sworn in so that the 30 new  
16 legislators look a little bit less like deer  
17 caught in the headlights. They've had their  
18 ethics training, will have had what, Steve,  
19 250, 300 bills introduced this week to plow  
20 through? But it's a great time to catch  
21 them at home.

22 Particularly 25 new house members, 6  
23 new senators that may not know a single  
24 thing about behavioral health issues. So if  
25 you're working on something, that really is

1 the time, I think to gear up in terms of  
2 issues around mental health, substitute  
3 disorders, and acquired brain injury.

4 And Pam, thank you very much for  
5 posting the waiting list numbers in the chat  
6 and appreciate you being on. Anybody else?  
7 Steve you want to add anything about the  
8 session, one way or the other?

9 MR. SHANNON: I don't think so; I  
10 mean, it's just kind of getting started,  
11 and, you know, bills have been filed,  
12 obviously. But, you know, we're hearing  
13 there may be fewer bills this session.  
14 We're going to try to keep the number low,  
15 but we'll see if that happens or not.

16 MS. SCHUSTER: Yeah.

17 MS. SHEETS: Dr. Schuster, Bart  
18 Baldwin has his hand raised.

19 MS. SCHUSTER: Oh, Bart. Yeah.

20 MR. BALDWIN: Hi, Sheila. Thank you  
21 -- just want to touch base -- you'd  
22 mentioned the relief for housing for eastern  
23 Kentucky. Just wanted to mention that  
24 working with the Homeless and Housing  
25 Coalition of Kentucky, and they, along with

1 others, are requesting a hundred million  
2 dollars put into creating a disaster  
3 portable housing fund. We have an ongoing  
4 affordable housing fund that's funded at  
5 much less -- much, much lower than that on  
6 an annual basis, but there is push for  
7 multiple groups to create something, giving  
8 our recent history the last -- the floods,  
9 the tornadoes, and floods again, in terms of  
10 getting some vehicle to be able to get  
11 funding for housing to folks when they need  
12 it. Because you're right, it's still -- we  
13 still don't have that addressed at all in  
14 eastern Kentucky in any meaningful -- you  
15 know, a little bit here and there, but not  
16 in a broad way. So there will be plenty of  
17 push to at least open the budget to do that,  
18 but, you know, we'll see.

19 MS. SCHUSTER: Yeah. I'm glad that  
20 you brought that up because I think the  
21 motto now is housing is health.

22 MR. BALDWIN: Yes.

23 MS. SCHUSTER: And it absolutely is,  
24 and I think the Coalition for the Homeless  
25 in Louisville is saying that, and certainly

1 the statewide organization, the Homeless and  
2 Housing --

3 MR. BALDWIN: Right.

4 MS. SCHUSTER: -- Coalition of  
5 Kentucky is making that pitch. And  
6 actually, you all may remember in the  
7 special session that Senator Brandon Smith  
8 was practically in tears on the senate floor  
9 talking about, you know, you've put some  
10 money in -- that was the special session  
11 that was called to send some money to  
12 eastern Kentucky -- he said, but you've not  
13 touched housing, and so I think there still  
14 needs to be that, you know? We need to  
15 return there, yeah. Natalie says, across  
16 the state. Yeah, across state.

17 MR. BALDWIN: Absolutely. Yeah.  
18 Absolutely.

19 MS. SCHUSTER: And that's where the  
20 SMI waiver is all about housing because you  
21 know --

22 MR. BALDWIN: Right.

23 MS. SCHUSTER: -- if we give those  
24 supports to people that have chronic  
25 lifelong disabilities, and keep them out of

1           trouble, and keep them access to their  
2           medications and to therapies and so forth,  
3           they have a much, much better chance of  
4           being where they need to be. So thank you  
5           very much for that.

6                        So we'll come back in March and kind  
7           of give some update about some specific  
8           legislation, but just wanted to remind you  
9           that this is a great time coming up here in  
10          the next month literally to talk to your  
11          legislator. So if nobody else has anything  
12          else to add on that, we will go on to the  
13          recommendation that was made -- actually, a  
14          three-part recommendation that we made in  
15          November, and I just got notification two  
16          days ago from the Department for Medicaid  
17          services that all of this is in process with  
18          a completion date of January 31st. And that  
19          is that we would have a listing of all the  
20          benefits and services for mental health  
21          provided to adults and children, similar to  
22          the one that the Primary Care TAC is doing  
23          for SUD services, but it would have input  
24          from each of the managed care organizations.

25

1           And I was on a different meeting -- I  
2           guess that was Tuesday morning -- where all  
3           the MCOs had submitted their information,  
4           and it's being put into a grid, so I think  
5           it's actually going to happen. Val, I know  
6           you had lots of questions about this in  
7           making sure that it was consumer friendly in  
8           terms of the language and so forth. But  
9           really would be nice to have that  
10          side-by-side where you can really compare  
11          the various services and the ancillary  
12          services. And I know that some of the MCOs  
13          have been very creative and generous in  
14          offering other things to members to help  
15          them with some of those social determinants  
16          of health, cell phone, for instance, and  
17          some other things.

18                 So we want to be able to highlight  
19                 that, so I was very pleased with the  
20                 response from DMS because, in every  
21                 instance, they said the anticipated  
22                 completion date is January 31st, 2023. So  
23                 we're coming up on that, so hopefully, we'll  
24                 have something that I can send out to you  
25                 all, so appreciate that.

1                   Let me ask of the voting members of  
2                   the TAC if there are any new recommendations  
3                   that you would like to make for the MAC  
4                   meeting that's coming up on January 26th.

5                   MS. HASS: This is Mary Hass. I  
6                   don't have anything right at this time.

7                   MS. SCHUSTER: Okay, Mary. Thank  
8                   you.

9                   MR. SHANNON: Mary, would it make  
10                  sense to make one about that communication  
11                  piece on the therapies?

12                  MS. HASS: Well, thank you, Steve. I  
13                  think that would be helpful now that you're  
14                  talking about it. I think that would be  
15                  helpful.

16                  MS. SCHUSTER: What would you  
17                  suggest, Steve?

18                  MR. SHANNON: That DMS does  
19                  communicate with the brain injury  
20                  associations as information is shared with  
21                  both providers and individuals served. Does  
22                  that work for you, Mary?

23                  MS. HASS: That would be good. I  
24                  think that would be helpful. Because the  
25                  last entity that Pam was talking about, I

1 did not remember receiving that, so I think  
2 that would be helpful. So we can go ahead  
3 and do that.

4 MS. SCHUSTER: How about a friendly  
5 amendment for me that they would communicate  
6 not only with the two brain injury  
7 associations, but also with the PH TAC and  
8 the Therapies TAC?

9 MR. SHANNON: Yeah.

10 MS. HASS: Yes. Yes.

11 MS. SCHUSTER: Okay.

12 MR. SHANNON: What about the Client's  
13 Rights TAC?

14 MS. SCHUSTER: Ah. Consumer rights.

15 MR. SHANNON: Consumer rights and  
16 client's needs, I think, right?

17 MS. SCHUSTER: Yeah. Okay.

18 MR. SHANNON: It sounds like that's  
19 the plan for Medicaid anyway. They agreed  
20 to do that. Let's just, you know?

21 MS. SCHUSTER: Let's formalize it.

22 MR. SHANNON: Yes.

23 MS. SCHUSTER: So the recommendation  
24 to the MAC is that DMS share any  
25 communications around changes to the -- how



1 do we want to describe that?

2 MR. SHANNON: Therapies within the  
3 brain injury waivers, right, Mary?

4 MS. HASS: Right. And to -- as they  
5 transfer over to the extended state plan.  
6 What is the process? Because Pam admitted  
7 that they hadn't really come to anything,  
8 they were still waiting. That was when we  
9 had the meeting about three months ago; they  
10 said they were going to wait until it  
11 actually happened.

12 To me, I think you should be planning  
13 now before you actually, you know, it goes  
14 into effect. We're hearing 90 days, 120  
15 days. I'd like to see what is the plan, you  
16 know? And then we can kind of look at it  
17 and see if there's any holes or any entities  
18 that need to be taken care of.

19 I think sharing with the providers --  
20 and also, there's quite a few contracts -- I  
21 shouldn't say quite a few -- there are some  
22 contract therapists -- so anybody that's  
23 currently contracting therapies to ABI  
24 providers, participants that -- they also  
25 ought to be informed. Because the one that

1 Pam referred to was probably -- I don't know  
2 who she was speaking of, but I would think  
3 that was probably an independent contractor,  
4 so I think those folks ought to -- and I  
5 think those are the ones that are kind of  
6 missing. I think the neuros and some of  
7 your bigger providers are getting  
8 information. I think it's more the mom and  
9 pops and some independent contractors that  
10 aren't getting the information. Or at least  
11 they're telling me they're not getting the  
12 information.

13 MS. SCHUSTER: Okay. So what we want  
14 to recommend is that when DMS makes  
15 communications regarding this change in  
16 therapies from the ABI waivers to the state  
17 plan amendment, that those communications  
18 would be shared with all ABI providers,  
19 regardless of -- including individuals,  
20 small groups, and large organizations, the  
21 ABI participants --

22 MS. HASS: Right.

23 MS. SCHUSTER: -- the two brain  
24 injury associations, the BH TAC, the  
25 Therapies TAC, and the Consumer Rights TAC.

1 MS. HASS: Yeah. I think that's  
2 pretty encompassing.

3 MS. SCHUSTER: Was that your motion,  
4 Mary?

5 MS. HASS: Yes, it is.

6 MS. SCHUSTER: And Steve, do you want  
7 to second that?

8 MR. SHANNON: I will second that  
9 motion; it's very good.

10 MS. SCHUSTER: All right. Any  
11 discussion or questions from the voting  
12 members of the TAC?

13 (No response.)

14 MS. SCHUSTER: All right. All those  
15 in favor of making that recommendation at  
16 the next MAC meeting signify by saying aye.

17 (Aye.)

18 MS. SCHUSTER: Anyone opposed?

19 (No response.)

20 MS. SCHUSTER: Any abstentions?

21 (No response.)

22 MS. SCHUSTER: All right. Thank you  
23 very much. That's a team effort there. So  
24 we'll make that recommendation.

25 Kelli, can you put up on the screen

1 the sheet that has the next meeting dates  
2 for the TAC and the MAC?

3 MS. SHEETS: Because we're in the  
4 conference room, I don't have that  
5 available.

6 MS. SCHUSTER: Oh, okay.

7 MS. SHEETS: I can e-mail it out to  
8 you.

9 MS. SCHUSTER: That's fine. Yeah. I  
10 tried to put it in all the groups that I  
11 communicate with, but if you could make that  
12 available. In fact, does it make sense to  
13 actually put that on the website? Do they  
14 want that kind of thing?

15 MS. SHEETS: So you're asking for the  
16 next TAC meeting for all of the TAC meetings  
17 for the year?

18 MS. SCHUSTER: Yeah.

19 MS. SHEETS: Okay. That's on the  
20 webpage.

21 MS. SCHUSTER: Okay, good.

22 MS. BICKERS: We have had some  
23 publishing issues, Dr. Schuster. Our main  
24 web guru -- for lack of a better word --  
25 retired, and so the person taking over has

1           been working on getting things published.  
2           So all of your new TAC dates are on the  
3           behavioral health website, and all the MACs  
4           are on the MAC page. I know some of them  
5           have been a little delayed in getting  
6           published, so I do apologize about that. We  
7           are trying to work with our OATS team.

8                        As you know, there are 17 TACs, and  
9           so every time I update, I'm not their  
10          favorite person right now, but we are trying  
11          to get all of those published and updated.  
12          So they should hopefully within the next few  
13          days be getting all of those because I did  
14          the last couple of weeks of December update  
15          every TAC page to be published. So again,  
16          I'm hoping that they're not going to push me  
17          down in the hallway because I'm not their  
18          favorite person right now, but we're trying  
19          to get all that stuff published and pushed  
20          through for you guys.

21                      MS. SCHUSTER: Yeah. I appreciate  
22                      that.

23                      MS. BICKERS: And we sent the  
24                      calendar invite to you guys, so you should  
25                      have something on your calendar with the new

1 link for the rest of the year. If you  
2 didn't get it --

3 MS. SCHUSTER: Oh, perfect.

4 MS. BICKERS: -- shoot me an e-mail,  
5 and we'll send it back out to you.

6 MS. SCHUSTER: Okay. That's great.  
7 Thank you very much. I know Tim checks for  
8 me all the time, and so he will e-mail me  
9 and say, "Oh, the agenda's not up there  
10 yet." Because I don't usually go to the  
11 website to check, so appreciate that.

12 We have a lot of carryover items for  
13 the March meeting, and hopefully, we'll have  
14 the Medicaid data study at that point.  
15 We'll keep the ABI waiver issues on, the  
16 no-show data development. We'll keep asking  
17 about the services for dual eligibles and  
18 the creation of the uniform bypass list.  
19 We'll keep the update on the SUD waiver for  
20 incarcerated persons, and then we'll add the  
21 SMI waiver as a regular issue. Of course,  
22 we always ask about medications and prior  
23 authorization.

24 MS. SHEETS: Dr. Schuster, Nina's  
25 hand is raised.

1 MS. SCHUSTER: Oh, Nina, yes.

2 MS. EISNER: Yes. Thank you. You  
3 skipped new business, so I just wanted to  
4 say something real quick.

5 MS. SCHUSTER: Yeah, I haven't gotten  
6 there yet. I was on 16 --

7 MS. EISNER: Oh.

8 MS. SCHUSTER: -- recommended agenda  
9 items for the March 9th meeting.

10 MS. EISNER: Oh, nevermind. I'll be  
11 quiet.

12 MS. SCHUSTER: All right. We'll get  
13 to you in a minute here, Nina. Thank you.  
14 So I don't know that everything we're doing  
15 is old business it feels like because we  
16 keep the same issues on. So does anybody  
17 else -- does anybody have any old business,  
18 things that we have talked about in the past  
19 that somehow have escaped our agenda?

20 (No response.)

21 MS. SCHUSTER: Now we'll go to new  
22 business, Nina. And you're on.

23 MS. EISNER: Thank you. Just real  
24 quickly, I had communicated to the cabinet  
25 about the BH SO ADE rates for fee for

1 service, and Leigh Ann Fitzpatrick got right  
2 back with me, and I just wanted to tell you  
3 all that the cabinet has confirmed that the  
4 new fee schedules will probably not be  
5 posted right away, but they are effective as  
6 of January 1, 2023. And so whenever they're  
7 posted, they'll be posted on the DMS website  
8 when they are complete, but they do go back  
9 to 1-1-23. And that's all.

10 MS. SCHUSTER: Thank you. Because  
11 Kathy Adams, you had that question, I think,  
12 didn't you?

13 MS. ADAMS: Yes. We were -- we had  
14 asked DMS before Christmas when they were  
15 anticipating filing or posting the new fee  
16 schedules for BHSOs and behavioral health  
17 MSGs, and had been given the date of  
18 January 2nd. And so now our members are up  
19 in arms going, where are they? Where are  
20 they? So if there is anybody from DMS that  
21 can provide an estimated timeframe for when  
22 they will be posted, it would be most  
23 helpful.

24 MS. HOFFMANN: This is Leslie. I  
25 just talked to Anne this morning. We're



1 hoping to have by the end of January -- we  
2 did have some delays over the holidays. And  
3 not just the holidays; we just had delays  
4 getting the information together, so just in  
5 general. So we think -- we're hoping for  
6 January 31st.

7 MS. SCHUSTER: And Leslie --

8 MS. ADAMS: What would --

9 MS. SCHUSTER: -- would you mind  
10 emailing me when they're posted?

11 MS. HOFFMANN: Yeah. That would be  
12 fine.

13 MS. SCHUSTER: Okay. And then I can  
14 let everybody know because I've got  
15 everybody. And again, if you want to get  
16 things directly from me for the BH TAC, just  
17 send me an e-mail at KYAdvocacy@Gmail.com.  
18 I appreciate that -- appreciate that update,  
19 Nina, and we'll get those fees posted.

20 For those of you who didn't look at  
21 the chat, and appreciate Pam Smith. The  
22 Michelle P. waiting list is 7,908 persons.  
23 Seven, nine, zero, eight. I think that's  
24 maybe actually down, Steve. I think it was  
25 up at 10,000 at one point.

1 MR. SHANNON: Maybe.

2 MS. SCHUSTER: Maybe not. Maybe it  
3 was 10,000 altogether. SCL is a total of  
4 3,059. Where -- but no emergency, 122  
5 urgent. And then the remainder, 2,937 are  
6 future planning. So those are the two big  
7 trends, and I assume that means that there  
8 is no waiting list, Mary, for any of the ABI  
9 waivers?

10 MS. HASS: I haven't had any  
11 communication on the waiting list for over 9  
12 to 12 months, so I don't know.

13 MS. HOFFMANN: There's no waiting  
14 list on the two ABIs.

15 MS. SCHUSTER: Okay. Because it  
16 always seemed like there was waiting lists,  
17 usually for one but not for the other. I  
18 think acute, maybe --

19 MS. HASS: There's a list for the  
20 acute. So there's nobody waiting for acute  
21 services, Leslie?

22 MS. HOFFMANN: Sorry, I was trying to  
23 get back to my mute button. I don't believe  
24 there was any -- we just had a meeting a  
25 couple weeks ago, and there was no one

1           waiting at the time on either one. I can  
2           double-check that, Mary.

3                   MS. HASS: Thank you.

4                   MS. SCHUSTER: Yeah. I would think  
5           that Pam would've put it in there because  
6           she had gone back to her sources to put this  
7           in the chat before she had to leave the  
8           meeting. So if you hear something  
9           different, Leslie, if you'd let me know.

10                   MS. HOFFMANN: I will. If you don't  
11           hear back from me, though, just assume we  
12           don't because I'm pretty sure just a week or  
13           so ago, we did not have --

14                   MS. SCHUSTER: Okay.

15                   MS. HOFFMANN: -- anybody on those  
16           two waiting lists.

17                   MS. SCHUSTER: Okay. So, yeah. It  
18           still is, you know, it's a bad situation to  
19           have all these people on the waiting list,  
20           particularly 122 urgent. And remind me,  
21           Steve, you may know this, what's the  
22           difference between emergency and urgent? Is  
23           it a timeframe thing?

24                   MR. SHANNON: Leslie Hoffmann, you  
25           want to answer that?

1 MS. HOFFMANN: Yeah. I'm trying to  
2 remember my -- back in the day -- I think  
3 one of them is, might need future help, like  
4 within five years.

5 MR. SHANNON: Right.

6 MS. HOFFMANN: And one is like --  
7 yeah, within the year, or urgent is probably  
8 less -- a year or less is probably what I'm  
9 thinking.

10 MR. SHANNON: Yeah. Emergency is --

11 MS. HASS: Something about loss of a  
12 caregiver, and there's something about --

13 MS. HOFFMANN: Yeah, sorry. I'm a  
14 little rusty on it.

15 MR. SHANNON: Loss of caregiver and  
16 (indiscernible). Yeah.

17 MS. SCHUSTER: Okay.

18 MS. SHEETS: Dr. Schuster, Nina's  
19 hand is raised again.

20 MS. SCHUSTER: Oh, Nina.

21 MS. EISNER: I put it in the chat  
22 box, but I did reach out to Nancy Galvagni  
23 at, you know, president of KHA, and she said  
24 the provider credentialing is not yet live,  
25 but very close.

1 MS. SCHUSTER: Oh, okay. So a little  
2 bit different than what Cat had said from  
3 Aetna.

4 MS. EISNER: Right.

5 MS. SCHUSTER: So maybe some of the  
6 MCOs are getting geared up for that. Did  
7 you tell Nancy that we're all very anxious  
8 for it to get going?

9 MS. EISNER: I did. I did. That's  
10 why she said we're really close.

11 MS. SCHUSTER: Okay. I appreciate  
12 that. The next MAC meeting -- and again,  
13 we'll send out that, or the Zoom link will  
14 be on the website. I really think that it's  
15 worth attending via Zoom the MAC meetings.  
16 You get probably as good an overview of  
17 Medicaid when you hear both the  
18 presentations that the commissioner makes  
19 and the various questions that continue on  
20 the agenda.

21 And then, when you hear what the TACs  
22 are working on, and there's a lot of  
23 dovetailing, obviously. The ABI therapies  
24 is a good example of that. A lot of  
25 dovetailing between, you know, that Therapy

1 TAC from that perspective, from the  
2 provider's perspective, and then our  
3 perspective from the maybe more the patient  
4 or member perspective. But I think it's a  
5 great way to really get updated, and you can  
6 sit in the comfort of your home with your  
7 feet up and listen to that.

8 And then our next BH TAC meeting  
9 again is March 9th, and we will meet at two  
10 because they will be in session, and we will  
11 wait for them to finish their committee  
12 meetings and go into house -- okay -- Cat  
13 says, "I apologize for the confusion. To  
14 clarify, we are using Verysis, and the KHA  
15 specific form has not yet gone live, as Nina  
16 identified." Thank you, Cat, I appreciate  
17 your input. And Nina, yours as well.

18 MS. SHEETS: Dr. Schuster, we have  
19 Kelly Gunning with her hand raised.

20 MS. SCHUSTER: Yes, Kelly. Welcome.

21 MS. GUNNING: Hi. Thank you. I  
22 don't know if this is the appropriate  
23 entity, but I still have some lingering  
24 questions, and I have concerns because it's  
25 another third or fourth-party entity being

1 added into our service array mix here in  
2 Kentucky. And that's --, I haven't heard  
3 anything. Of course, I've been really ill,  
4 but I haven't heard anything about the RFP  
5 for an administrative service organization  
6 for crisis services in Kentucky. And I was  
7 wondering what the implications are going to  
8 be for that going forward for our providers  
9 for administration for another entity and  
10 all of that. I don't know if this is the  
11 appropriate entity to bring it up, but I  
12 have real concerns about that, obviously  
13 going forward. As another third or  
14 fourth-party we're going to have to work  
15 through and just wonder if there are any  
16 updates or if this is an appropriate forum  
17 to discuss that.

18 MS. HOFFMANN: Kelly, this is Leslie.  
19 You can reach out to me individually. Of  
20 course with RFP, we're not able to speak  
21 about things right now. So you can reach  
22 out to me individually if that's okay.

23 MS. GUNNING: Is the RFP out is my  
24 question?

25 MS. HOFFMANN: No.

1 MS. GUNNING: Okay. Thank you.

2 MS. SCHUSTER: I'm sorry, what was  
3 the question?

4 MS. HOFFMANN: Is the RFP for an ASO  
5 out yet, and it is not.

6 MS. GUNNING: Thank you, Leslie.

7 MS. SCHUSTER: I wondered though,  
8 because I agree with Kelly that this has --

9 MS. GUNNING: Huge implications.

10 MS. SCHUSTER: -- significant  
11 implications. We've talked with the  
12 secretary directly about it. And Leslie, I  
13 can't remember, there's been two series of  
14 presentations. One was to the CMHCs on a  
15 meeting that Commissioner Morris called that  
16 somebody from DMS did a PowerPoint on what  
17 the thinking was and what the model was.  
18 And that same presentation was made to the  
19 988 Coalition. Do you know what I'm talking  
20 about?

21 MS. HOFFMANN: Leigh Ann I think did  
22 the one to the 988, and I probably did the  
23 one with the secretary's office.

24 MR. SHANNON: Yeah.

25 MS. SCHUSTER: Yeah.



1 MS. GUNNING: That's -- I'm just  
2 wondering, could we get a presentation?

3 MS. SCHUSTER: Yeah, I was just going  
4 to say --

5 MS. GUNNING: I mean, lot of people I  
6 talk to don't know anything about this. And  
7 it has huge implications.

8 MR. SHANNON: Yeah.

9 MS. SCHUSTER: Is it appropriate for  
10 us to, I mean, I do think the topic -- and I  
11 don't want to get into the RFP but --

12 MS. GUNNING: I don't either. Just  
13 the topic.

14 MS. SCHUSTER: -- that PowerPoint  
15 presentation, I think, lays out the goal and  
16 --

17 MS. HOFFMANN: Yeah. I have a simple  
18 one that they've okayed for me to share, so  
19 I can send that one. Do you want me to just  
20 send it to you, Sheila?

21 MS. SCHUSTER: Well, what I'm  
22 wondering is -- yeah. Why don't you send it  
23 to me and let me send it out, and let's  
24 tentatively put a follow up in the March  
25 meeting. Now, at that point you might not

1 be able to say anything, but for people to  
2 have an opportunity to ask questions and so  
3 forth, and I do think that we are an  
4 appropriate forum for that discussion.

5 MS. GUNNING: Thank you for answering  
6 that question, Sheila, because I don't feel  
7 like it's being vetted appropriately. And I  
8 also don't feel like our CMHCs and our local  
9 communities have been given the same  
10 opportunity to respond. I mean, if we're  
11 going to put out an RFP, that means we're  
12 willing to pay for crisis service  
13 coordination and whatever else ASOs do, and  
14 why aren't we offering that same effort to  
15 our local entities? That's my question.  
16 It's a philosophical question as much as  
17 anything. I mean, when the RFP comes out  
18 and it's public knowledge we can all read  
19 that, but what I'm trying to ask is, you  
20 know, I don't understand the philosophy  
21 behind it at all.

22 MS. HOFFMANN: So again, I don't want  
23 to get into a conversation on this call. I  
24 can send you.

25 MS. GUNNING: I got you, Leslie.

1 MS. HOFFMANN: So we --

2 MS. GUNNING: I've talked with  
3 Secretary Friedlander and he is aware of my  
4 concerns, but --

5 MS. HOFFMANN: Okay.

6 MS. GUNNING: -- I don't think this  
7 has been widely vetted among our community.  
8 I know certainly I've talked to various  
9 individuals who know nothing about it. So I  
10 would like --

11 MS. HOFFMANN: We did a year-long  
12 planning grant. There's a 260-page needs  
13 assessment where we meet with everybody for  
14 three months. So that was a planning grant  
15 that ended in September, so now we're moving  
16 forward with trying to do implementation and  
17 funding. So that's where we are right now.  
18 And I will tell you that this is a huge  
19 endeavor. It's not just -- it's not just  
20 one piece. The ASO would be looking over  
21 lots of things, so.

22 MS. GUNNING: Yeah. But we -- I'm  
23 not sure that's -- again, sorry,  
24 philosophical discussion.

25 MS. HOFFMANN: Okay.

1 MS. SCHUSTER: Yeah.

2 MS. SHEETS: Bart Baldwin has his  
3 hand raised, as well.

4 MS. SCHUSTER: Bart.

5 MR. BALDWIN: Yeah. Thank you, Dr.  
6 Schuster. And this falls under new  
7 business. I'm not sure if we passed that or  
8 not. And this is something that I did --

9 MS. SCHUSTER: Hold on one second,  
10 Bart.

11 MR. BALDWIN: Yeah.

12 MS. SCHUSTER: If it's not about the  
13 crisis services, let me wrap that for just a  
14 second, okay?

15 MR. BALDWIN: Yes, absolutely.

16 MS. SCHUSTER: Hold your thought.

17 MR. BALDWIN: Absolutely. Sorry  
18 about that.

19 MS. SCHUSTER: Leslie, you're going  
20 to send me the PowerPoint. I will send it  
21 out to the voting members of the TAC and,  
22 you know, the broad range of people that I  
23 have in my database that typically attend.  
24 And we will put this on the agenda for  
25 March, not to talk about the RFP, obviously,

1 but to field questions.

2 MS. HOFFMANN: And there's a web --  
3 we have a website that I think I've shared  
4 that link before, and I think I might have  
5 shared the needs assessment. It's huge; you  
6 can't just e-mail it around, but it is on  
7 our website. So I'll send you the website,  
8 and then the PowerPoint. And the website  
9 has some basic information that I'm going to  
10 send you in that PowerPoint already. It's  
11 already out there.

12 MS. SCHUSTER: Okay. So thank you.

13 MS. HOFFMANN: The planning grant's  
14 out there.

15 MS. SCHUSTER: Yeah. Thank you,  
16 Kelly, for bringing that up. We'll get that  
17 information from Leslie, and I'll get it out  
18 to you all.

19 So now, Bart, thank you for your  
20 patience. Let's move on to you with another  
21 new business issue.

22 MR. BALDWIN: Sure, absolutely. And,  
23 yeah. This is just an issue, Sheila,  
24 actually that just came to my attention  
25 within the last couple days, and I just got

1 another e-mail about it while we were on the  
2 TAC. And this just happens to be the  
3 perfect group to bring it up with, in terms  
4 of with providers, and Medicaid, and the  
5 MCOs. And so I'm not asking for a solution,  
6 but I was notified and just verification  
7 that there's two extended service codes for  
8 individual therapy. So if a session goes  
9 longer than an hour, then you bill another  
10 code, and then if it goes longer than you  
11 bill a third code. And from a provider has  
12 reached out and said that the AMA has  
13 deleted these two codes from the CPT code  
14 book. So if you have a session that goes  
15 longer, you don't have that option to go  
16 longer than one hour for an individual  
17 therapy session.

18 So I just wanted to put it out there,  
19 Sheila. It's probably something good to  
20 have for our agenda for the next TAC, but if  
21 there's any information on this that  
22 Medicaid folks or MCOs -- I mean, I'm  
23 assuming she's gotten some notification from  
24 the AMA, so I'm assuming this is all  
25 accurate, but I just think that's a concern

1 for treatment in a lot of areas. And this  
2 would obviously go across multiple provider  
3 types.

4 MS. SCHUSTER: Right. Right.

5 MR. BALDWIN: And that was totally  
6 news to me, so I just thought that this --

7 MS. SCHUSTER: Yeah, yeah.

8 MR. BALDWIN: -- when I first got it,  
9 I thought the Behavioral Health TAC would be  
10 a good one, but then I got another e-mail  
11 while we were on --

12 MS. SCHUSTER: Yeah.

13 MR. BALDWIN: -- so I thought I'd  
14 bring it up as a point of discussion if  
15 anybody has any information on it that would  
16 be helpful. And if not, we can certainly  
17 have it as an agenda item for the next TAC.

18 MS. SCHUSTER: Yeah. And I don't  
19 know, Leslie, who at DMS would be the person  
20 to provide information on this?

21 MS. HOFFMANN: Sorry. And this is  
22 related to two codes that we think are going  
23 to be deleted; is that right, Bart?

24 MS. SCHUSTER: Right. Yeah.

25 MR. BALDWIN: Yeah. I mean, I could

1 give you the codes if you want, but I don't  
2 know --

3 MS. HOFFMANN: Yeah. Why don't you  
4 send me an e-mail.

5 MR. BALDWIN: Sure.

6 MS. HOFFMANN: I probably could --  
7 Justin may still be on here -- we'll go from  
8 there.

9 MR. BALDWIN: Okay.

10 MS. SCHUSTER: Yeah. And would you  
11 copy me, Bart, please?

12 MR. BALDWIN: Sure. I just wanted to  
13 bring it up since we had Medicaid and  
14 providers and MCOs kind of all on the same  
15 call that this is -- yeah, there we go.

16 MS. SCHUSTER: Yeah. Cat Jones has  
17 them in the -- 99354 and 99357.

18 MR. BALDWIN: Yeah. I've got 355 for  
19 the second one, but okay. So that's -- Cat,  
20 that's something that you are aware of  
21 that's happened?

22 MS. JONES: Sorry. I was trying to  
23 get off mute. So I just became aware and  
24 found the AMA updates, but that's as far as  
25 I know anything about this, is that I



1           literally --

2                   MR. BALDWIN:   Okay.

3                   MS. JONES:   -- just within the last  
4 week came across that scanning the new  
5 updates -- the AMA updates and saw that.  
6 But other than that -- and that's that  
7 series that I put in the chat, so that will  
8 be 99354-355, you know? That's the series.

9                   MR. BALDWIN:   Yes.

10                  MS. SCHUSTER:   Okay. And it goes up  
11 to --.

12                  MR. BALDWIN:   And that's all I know,  
13 but I know it's utilized frequently and I  
14 think that that's -- I don't know why it was  
15 deleted, but it could be an issue that we're  
16 all going to have to figure out a way to  
17 deal with.

18                  MS. EISNER:   So does it include 54,  
19 55, 56, and 57? Is that what I'm hearing  
20 for codes?

21                  MS. JONES:   Correct. It's the --

22                  MS. EISNER:   Okay.

23                  MS. JONES:   Oh, I'm sorry.

24                  MR. BALDWIN:   No, go ahead, Cat.

25                  MS. JONES:   You know, that's the

1 information that I'm seeing in the article  
2 about the AMA updates for 2023.

3 MS. EISNER: Thank you.

4 MS. BICKERS: And Dr. Hanna has his  
5 hand raised from Passport.

6 MS. SCHUSTER: Okay, David.

7 DR. HANNA: Yeah. I was just going  
8 to say, we just became aware of this issue  
9 this week and, you know, we are going to  
10 continue to follow the fee schedule that DMS  
11 has published, but I know that everybody is  
12 concerned about being in alignment with  
13 national coding standards. And so it is of  
14 concern.

15 MR. BALDWIN: Yeah, so I guess my  
16 request is -- obviously, this is breaking  
17 news, so to speak, although it's effective  
18 1-1-23. So its already been in effect, but  
19 any type of guidance that we can get,  
20 Leslie, for providers and MCOs. I hate to  
21 throw another thing on your plate, but --  
22 and I don't really have any idea the  
23 rationale behind it. I haven't read the  
24 article or seen anything.

25 MS. HOFFMANN: Okay. Yeah I'll get

1 with Justin, and then I'll also get with  
2 Angie Parker.

3 MR. BALDWIN: Okay. Yeah.

4 MS. HOFFMANN: Yeah.

5 MR. BALDWIN: Because I think you're  
6 going to run into providers getting  
7 rejected, you know, concerns on getting  
8 rejected on some standard practice, standard  
9 billing that they've been doing for a long  
10 time, and so.

11 MS. SCHUSTER: Was the --

12 MS. HOFFMANN: And, Cat, was the --  
13 I'm sorry -- was the AMA update -- did that  
14 come out this week?

15 MS. JONES: That's when I became  
16 aware of it, but it sounds like that it's --  
17 that's what maybe the other MCOs are just  
18 becoming aware of that, too. It looks like  
19 from what I'm reading there maybe a  
20 substitute for those codes, so.

21 MS. HOFFMANN: Oh, okay.

22 MS. JONES: So I just need to educate  
23 myself a little bit --

24 MS. HOFFMANN: Okay.

25 MS. JONES: -- and read this more.

1 MR. BALDWIN: Yeah. The 99417 looks  
2 like there's a new code, but it's not really  
3 replaced it with what I'm reading.

4 MS. JONES: Yeah.

5 MR. BALDWIN: It might help but it  
6 doesn't really truly replace it, so.

7 MS. JONES: Right. We'll have to  
8 educate and learn more about this for sure.

9 MS. SCHUSTER: Yeah. Stuart Owen  
10 from WellCare has put in the chat, 99218 as  
11 a substitute.

12 MR. OWEN: Yeah. I just saw in the  
13 article -- there's a link there to the  
14 article -- it goes in a 99217 and 218 --  
15 just from quickly scanning it looks like  
16 those are the substitute codes, but there's  
17 an article addressing it.

18 MR. BALDWIN: Oh, okay. So is that a  
19 solution, you think, Stuart, or you don't  
20 know?

21 MR. OWEN: That's my 30 second  
22 review, so yes. Yes, that's it.

23 MR. BALDWIN: Okay, great.

24 MR. OWEN: I think it is though, but.

25 MR. CROWLEY: I can tell you Anthem

1 is gonna stick to the current Medicaid fee  
2 schedule, and how current contracts are  
3 aligned.

4 MS. SCHUSTER: Thank you. I  
5 appreciate that. It looks like that article  
6 is from the Family Practice Organization,  
7 which is interesting. It's a little bit  
8 different than the AMA, I mean, they're  
9 physicians --

10 MR. SHANNON: Right.

11 MS. SCHUSTER: -- but it's not the  
12 AMA.

13 MS. SCHUSTER: And I don't know if  
14 other organizations can just come up with  
15 substitutes on their own. I don't know how  
16 this all works, but --

17 DR. HANNA: I think the change is  
18 actually at the national coding level. I  
19 don't think it's, you know, a change  
20 specific to any single group.

21 MS. SCHUSTER: Oh, okay. So AMA was  
22 told by the national coding group that this  
23 change was going to be in effect, and  
24 they're just spreading the word?

25 DR. HANNA: No. I think the AMA kind

1 of tells the national code --

2 MS. SCHUSTER: I was going to say,  
3 the AMA is --

4 DR. HANNA: Yeah. You know, but I  
5 don't think it's just, you know, family  
6 medicine, or --

7 MS. SCHUSTER: Yeah.

8 DR. HANNA: -- the information I had  
9 came directly from, you know, whatever the  
10 coding association's website is.

11 MS. SCHUSTER: Okay. Yeah, this  
12 sounds, Leslie, like something that would be  
13 helpful if you can get some information that  
14 we can get out before our next March  
15 meeting. You know, in terms of what DMS is  
16 doing with this new information.

17 MS. HOFFMANN: I'm grabbing all of  
18 this out of the chat, and I'm sending an  
19 e-mail now so we can get started with the  
20 discussions, Sheila.

21 MS. SCHUSTER: Okay, great. Thank  
22 you very much, Bart. Although, that's the  
23 kind of breaking news that's not good news,  
24 so.

25 MR. BALDWIN: I know. I'm killing

1 the celebration vibe that we had going  
2 earlier. I apologize.

3 MS. SCHUSTER: Yeah. We had a little  
4 bit of a special celebration going, Bart, so  
5 --

6 MR. BALDWIN: Sorry.

7 MS. SCHUSTER: Yeah.

8 MR. BALDWIN: Sorry. Yeah, you can  
9 relax now. But anyway, I just thought this  
10 was a group that would be most impacted and  
11 interested by this --

12 MS. SCHUSTER: Yeah.

13 MR. BALDWIN: -- so I wanted to at  
14 least --

15 MS. SCHUSTER: Absolutely.

16 MR. BALDWIN: -- get it going.

17 MS. THERIOT: No champagne for you  
18 then.

19 MS. SCHUSTER: Yeah.

20 MR. BALDWIN: Okay.

21 MS. SCHUSTER: And no grape juice  
22 either.

23 MR. BALDWIN: I'll stick with coffee.

24 MS. SCHUSTER: We're going to  
25 substitute grape juice; no substitute for

1           you, Bart.

2                   MR. BALDWIN: All right.

3                   MS. SCHUSTER: So --

4                   MS. BICKERS: Dr. Schuster?

5                   MS. SCHUSTER: Yeah.

6                   MS. BICKERS: If I may, this is Erin.  
7           Before we end the meeting, I just wanted to  
8           send a quick reminder, with your all's next  
9           meeting being March 9th, I may or may not be  
10          here with you guys. So I'm going to have  
11          Kelli drop her e-mail in this chat, that way  
12          if anybody has any questions, TAC-related  
13          business, if you could go ahead and just  
14          start getting in the habit of copying her  
15          and sending her e-mails. That way if I'm  
16          not here by your next meeting, and she's  
17          running solo, you have a way to contact her.

18                   MS. SCHUSTER: Yeah. I appreciate  
19          that, Erin. And we will be anxious to hear  
20          if you're not with us how things have gone.  
21          We wish you the very, very best with your  
22          baby coming.

23                   MS. BICKERS: Thank you.

24                   MS. SCHUSTER: And we'll look forward  
25          to hearing the good news. Another cause for



1           celebration. And Marcie's reminding us that  
2           Mental Health month is May, and the kickoff  
3           is April 28th from MHA Kentucky.

4                        So all right. Anything else that  
5           anybody wants to share? I was trying to  
6           give you all lots of time back, but as it  
7           turns out just a few minutes, but you have a  
8           few minutes of your day. And I do appreciate  
9           the participation of everyone. I think we  
10          had over 90 people on the Zoom at one point,  
11          so I love having a big TAC and having lots  
12          of interested people under it, and lots of  
13          committed advocates, and providers, and  
14          consumers, and so forth. So happy New Year  
15          to you all, and I look forward to seeing you  
16          in March, if not before. So thank you very  
17          much. I adjourn the meeting.

18                       (Meeting adjourned at 3:48 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 29th day of January, 2023.

*Tiffany Felts, CVR*

Tiffany Felts, CVR